



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** ADE Expansion of Services for Adults with Developmental Disabilities

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

With the Expansion Program, we are developing a recently acquired warehouse by ADE, Inc. and converting it into Classrooms, Offices, Vocational & Life Skills Training Areas, and a Supported Employment Program.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	900,000	64.3%
TOTAL	900,000	64.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

To Develop a Warehouse building recently acquired by ADE, Inc. into Classrooms, Offices, Vocational Training Areas, and handicapped bathrooms, in order to provide services to approximately 80 to 100 consumers with Intellectual, Developmental and Physical Disabilities.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The building will be used as an Adults Day Training for Adults with Developmental Disabilities. The Daily programming will be offered Monday through Friday 8:30 am - 3:30 pm.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of Classrooms, Offices, and Handicap Bathrooms on 8,000 sq. ft. existing space.	500,000
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

Will provide a space that will house a Like Skills, Vocational Skills, and Supported Employment Program for 80 to 100 Adults with Developmental Disabilities enrolled in APD-State Agency.

e. Who is the target population served by this project? How many individuals are expected to be served?

Adults with Intellectual, Physical and Developmental Disabilities

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

To Provide Life Skills Training and Vocational Skills that will guide adults with DD towards a path of independence, job placement and community inclusion. All procedures and Methodology is followed as per the requirements of APD and AHCA.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The Contracting Agency should receive a % penalty of the dollars allotted if the projected deliverables are not met.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

NONE

13. Requestor Contact Information:

- a. **Name:** Helena Del Monte
- b. **Organization:** The Association for Development of the Exceptional, Inc.
- c. **Email:** hdelmonte@ademiami.org
- d. **Phone Number:** (305)505-3238

14. Recipient Contact Information:

- a. **Organization:** The Association for Development of the Exceptional, Inc.



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b. County: Miami-Dade

c. Organization Type:

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Helena Del Monte

e. E-mail Address: hdelmonte@ademiami.org

f. Phone Number: (305)505-3238

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Susan Goldstein

b. Firm: Susan Goldstein Consultants, Inc.

c. Email: skgoldstein@hotmail.com

d. Phone Number: (954)830-6300